EVALUATION OF CLINICAL PERFORMANCE TOOL
Medical Surgical Nursing – 2024

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Kylee Cheek

Final Grade: **Satisfactory/Unsatisfactory**

Semester: **Spring**

Date of Completion:

Faculty: **Dawn Wikel,** MSN, RN, CNE**; Rachel Haynes,** MSN, RN**; Kelly Ammanniti,** MSN, RN, CHSE**;**
Monica Dunbar, DNP, RN; **Heather Schwerer,** MSN, RN; **Nick Simonovich,** MSN, RN

Faculty eSignature:

Teaching Assistant: **None**

DIRECTIONS FOR USE:

Each week the students evaluate themselves based on the competencies using the performance code on page 2. The performance code includes the terms **Satisfactory (S), Needs Improvement (NI), Unsatisfactory (U), and Not Available (NA).** The faculty member will initial if in agreement with the student's evaluation. If there is a discrepancy in the performance code evaluation between the student and the faculty member, a note is written on the comment section by the faculty member with the rationale for the evaluation. All competencies must be rated a "S, NI, U, or NA". If the student does not self-rate, then it is an automatic "U". A student who submits the clinical evaluation tool late will be rated as "U" in the appropriate competency(s) for that clinical week. Whenever a student receives a "U" in a competency, it must be addressed with a comment as to why it is no longer a "U". If the student does not state why the "U" is corrected, it will be another "U" until the student addresses it. All clinical competencies are critical to meeting the objectives of the course. If the final performance code is unsatisfactory or needs improvement in any one of the competencies, a grade of unsatisfactory is given. If a pattern of unsatisfactory performance occurs after performing the competency satisfactorily, this also constitutes a grade of unsatisfactory. An unsatisfactory or needs improvement as a final score in any single competency results in a clinical course grade of unsatisfactory; this is a failure of the course. The terms Satisfactory and Unsatisfactory will be used in evaluating the final grade or clinical course performance.

METHODS OF EVALUATION:

Skills Lab Competency Tool & Skills Checklists
Simulation, Prebriefing, & Reflection Journals
Nursing Care Map Rubric
Meditech Documentation
Clinical Debriefing
Clinical Discussion Group Grading Rubric
Evaluation of Clinical Performance Tool
Lasater's Clinical Judgment Rubric & Scoring Sheet
Virtual Simulation Scenarios

ABSENCE (Refer to Attendance Policy)

Date	Number of Hours	Comments	Make-up (/Date/Time)
1/27/2024	1 hour	Infection Control Evaluation	1/29/2024, 1 hour

Faculty's Name	Initials
Kelly Ammanniti	KA
Monica Dunbar	MD
Rachel Haynes	RH
Heather Schwerer	HS
Nick Simonovich	NS
Dawn Wikel	DW

PERFORMANCE CODE

SATISFACTORY CLINICAL PERFORMANCE

Satisfactory (S): Safe, accurate each time, efficient, coordinated; confident, focuses on the patient; some expenditure of excess energy; within a reasonable time period; appropriate affective behavior; occasional supporting cues; minimal faculty feedback related to written clinical work.

UNSATISFACTORY CLINICAL PERFORMANCE

Needs Improvement (NI): Safe; accurate each time; skillful in parts of behavior; focuses more on the skill and self rather than the patient; inefficient, uncoordinated, anxious, worried, flustered at times; expends excess energy within a delayed time period, frequent verbal and occasional physical directive cues in addition to supportive cues; faculty feedback required in several areas of clinical written work.

Unsatisfactory (U): Failure to achieve the course competency, safe but needs faculty reminders constantly, not always accurate, unskilled, inefficient, considerable expenditure of excess energy, anxious, disruptive or omitting behaviors, focus on skills and/or self, continuous verbal and frequent physical cues, unsafe, performs at risk to patient/clients/others, unable to function, incomplete, erroneous, faulty, illegible clinical written work, no feedback sought from faculty or response to feedback not evident in submitted written work. If the student does not self-rate a competency the competency is graded "U." A "U" in a competency must be addressed in writing by the student in the Evaluation of Clinical Performance tool. The student response must include how the competency has been or will be met at a satisfactory level. If the student does not address the "U," the faculty member (s) will continue to rate the competency unsatisfactory.

OTHER

Not Available (NA): The clinical experience which would meet the competency was not available.

***Grey shaded boxes do not need a student evaluation rating or faculty/teaching assistant initials.**

Date	Care Map Top Nursing Priority	Evaluation & Instructor Initials	Remediation & Instructor Initials	Remediation & Instructor Initials
2/2/24	Ineffective Breathing Pattern	S/KA	NA	NA
3/15/24	Risk for poor wound healing	S/RH	NA	NA

Note: Students are required to submit two satisfactory care maps over the course of the semester. If the care map is not evaluated as satisfactory upon initial submission, the student must revise the care map based on instructor feedback/remediation and resubmit. A maximum of two remediation attempts will be provided for a single care map and if still unsatisfactory, the student will be required to start fresh and initiate a care map on a new patient. At least one care map must be submitted prior to midterm.

Objective

1. Illustrate correlations to demonstrate the pathophysiological alterations in adult patients with medical-surgical problems. (2,3,4,5)*

Weeks of the Course	1	2	3	4	5	6	7	8	**Midterm**	9	10	11	12	13	**Make Up**	**Make Up**	**Final**
Competencies: a. Analyze the involved patho-physiology of the patient's disease process. (Interpreting)			NA	S	NA	S	NA	NA	S	S	S	S	S				
b. Correlate patient's symptoms with the patient's disease process. (Interpreting)			NA	S	NA	S	NA	NA	S	S	S	S	S				
c. Correlate diagnostic tests with the patient's disease process. (Interpreting)			NA	S	NA	S	NA	NA	S	S	S	S	S				
d. Correlate pharmacotherapy in relation to the patient's disease process. (Interpreting)			NA	S	NA	S	NA	NA	S	S	S	S	S				
e. Correlate medical treatment in relation to the patient's disease process. (Interpreting)			NA	S	NA	S	NA	NA	S	S	S	S	S				
f. Correlate the nutritional needs in relation to patient's disease process. (Interpreting)			NA	S	NA	S	NA	NA	S	S	S	S	S				
g. Assess developmental stages of assigned patients. (Interpreting)			NA	S	NA	S	NA	NA	S	S	S	S	S				
h. Demonstrate evidence of research in being prepared for clinical. (Noticing)	S		~~NA~~ S	S	S	S	NA	NA	S	S	S	S	S				

*End-of-Program Student Learning Outcomes
Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

	Indicate your clinical site as well as your patient's age and primary medical diagnosis in this box weekly.	Meditech, FSBS, IV Pump Sessions		Infection Control	3 Tower, 79 Hypoxia/pulmonary fibrosis	Digestive Health & Senior Center	Rehab 5tower stroke symptoms 66	No Clinicals	Simulation lab	Midterm	Rehab, 80 years, right knee replacement	3tower, 82, Fall and stoke	4 North, 61, mass on colon	5 T, Neuropathy, 51				
	Instructors Initials	**HS**		**HS**	**KA**	**DW**	**MD**	**DW**	**HS**	**HS**	**RH**	**HS**	**NS**					

Comments:

Week 1 (1h)- During week 1, the Meditech, FSBS and IV pump sessions were all considered clinical hours. You came prepared to each of them and demonstrated competency accordingly. For this reason, you have earned an S for this competency. HS

Week 4 – 1a, b, c, e– You did a nice job discussing on clinical your patient's disease process and what nursing was doing to help the patient. You were able to discuss symptoms we were monitoring and managing in your patient as well as pertinent labs for your patient diagnosis. You also set a goal for your patient and were able to discuss your patient's work towards meeting that goal. KA

Week 4 – 1d – You did a nice job reviewing all your medications before you administered them to the patient. You were able to discuss the reason why the patient was taking the medication as well as what we were monitoring the patient for. You also were able to discuss what information was needed to determine if the medication should be administered (i.e. blood pressure, pulse). KA

Rehab Clinical Objective 1 B-E-This week you were able to identify symptoms, medical treatments, pharmacotherapy, and diagnostic tests that were a part of the patient's stay on the Rehab unit. You did a great job in correlating all of these with the patient's diagnosis. Great job! MD

Week 9: (1 c, d, e)- This week you did a great job discussing your patient's pathophysiology of their illness as well as had a great discussion of their medications and why they were relevant to their care. RH.

Week 10 (1a-e)-Great job this week! You were able to identify the pathophysiology for your patient this week utilizing his history and the symptoms he was currently experiencing. You were also able to review the diagnostics that the patient had and discuss how they correlated with the patient's diagnosis. Great experience this week from lecture to clinical in caring for a patient with a stroke. HS

Week 11 1(a-h) – Good work this week discussing the pathophysiology involved with your patient's identified colon mass and subsequent surgery. You discussed the signs and symptoms that she was experiencing post-operatively and identified important nursing assessments to be performed related to GI function and NG tube management. You correlated her prescribed medications with current and past medical history and made sense of the proton pump inhibitor and GI stimulant that were prescribed related to her GI surgery. You understood the importance of preventing post-operatively complications and provided good education on ambulation, splitting with movement, and

*End-of-Program Student Learning Outcomes
Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

discussing the importance of communicating return of bowel function. You made sense of her colon being empty and discussed that it would take time for a bowel movement to occur. Good job demonstrating a desire to learn about her NG tube and noticing the improvement of her condition on day 2 following removal of the NG tube and foley catheter. You demonstrated strong correlations between the patient's disease process as demonstrated by a through CDG post related to clinical judgment. NS

*End-of-Program Student Learning Outcomes
Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Objective

2. Perform physical assessments as a method for determining deviations from normal. (3,4,5)*

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
Competencies: a. Perform inspection, palpation, percussion, and auscultation in the physical assessment of assigned patient. (Noticing)			NA	S	NA	S	NA	NA	S	S	S	S	S				
b. Conduct a fall assessment and implement appropriate precautions. (Noticing)			NA	S	NA	S	NA	NA	S	S	S	S	S				
c. Conduct a skin assessment and implement appropriate precautions and care. (Noticing)			NA	S	NA	S	NA	NA	S	S	S	S	S				
d. Communicate physical assessment. (Responding)			NA	S	NA	S	NA	NA	S	S	S	S	S				
e. Analyze appropriate assessment skills for the patient's disease process. (Interpreting)			NA	S	NA	S	NA	NA	S	S	S	S	S				
f. Demonstrate skill in accessing electronic information and documenting patient care. (Responding)	S		~~NA~~ S	S	NA	S	NA	NA	S	S	S	S	S				
	HS		**HS**	**KA**	**DW**	**MD**	**DW**	**HS**	**HS**	**RH**	**HS**	**NS**					

Comments:

Week 1 (2f)- By attending the Meditech clinical update & providing your full, undivided attention during the demonstration of documenting insulin, IV solutions, and the Meditech 2.2 upgrades, you are satisfactory for this competency. NS

Week 4 – 2a, d – You did a nice job thoroughly assessing your patient and notifying your nurse of any pertinent information. You were able to identify the focused assessment needing to be completed for your patient related to their diagnosis and monitored abnormal assessment findings. KA
Week 4 – 2f – You utilized the EMR to research your patient and determine what care needed to be provided to your patient throughout the day. You also utilized the EMR to research your patient's health history and information related to the patient's current hospital visit. KA

Rehab Clinical Objective 2 A-This week you were able to perform a great head to toe assessment! You were able to translate all of your findings in documentation and while discussing your patient with me. You really did a great job putting the pieces together with the patient's assessment and what you would see with the diagnosis! MD

*End-of-Program Student Learning Outcomes
Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 9: (2 a-f)- This week you did a good job of performing your head to toe when time was available to you due to the therapy scheduling. You were able to identify abnormalities in your assessment related to your patient's wound and were able to reinforce the dressing while the charge nurse called the healthcare provider. You worked around therapy schedules to get your head to toe as well as your reassessment done. You also were able to document and find other assessment pieces in the electronic health record. RH

Week 10 (2a-f)- You did a nice job with your assessment as well as documenting it within the electronic medical record. You also did a nice job communicating your findings to your team leader and your primary nurse. You were also able to discuss your focused assessment and the reasoning behind your decision of focus. HS

Week 11 2(a,e) – You did well this week discussing priority assessments to be performed. You focused your assessment on her GI system post-operatively, highlighting the importance of monitoring for return of bowel function, closely assessing bowel sounds to identify complications, and assessing the NG tube system. Your patient was prescribed NG tube to low-intermittent suction. You discussed the importance of ensuring suction was turned on, monitoring the output, ensuring correct placement, and discussed appropriate nursing care. NS

*End-of-Program Student Learning Outcomes
Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Objective

3. Execute safety precautions in the implementation of quality, patient-centered care and evidence-based nursing interventions. (2,3,4,5,8)*

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
Competencies: a. Perform standard precautions. (Responding)	S		NA	S	NA	S	NA	NA	**S**	S	S	S	S				
b. Demonstrate nursing measures skillfully and safely. (Responding)	S		NA	S	NA	S	NA	NA	**S**	S	S	S	S				
c. Demonstrate promptness and ability to organize nursing care effectively. (Responding)			NA	S	NA	S	NA	NA	**S**	S	S	S	S				
d. Appropriately prioritizes nursing care. (Responding)			NA	S	NA	S	NA	NA	**S**	S	S	S	S				
e. Recognize the need for assistance. (Reflecting)			NA	S	S	S	NA	NA	**S**	S	S	S	S				
f. Apply the principles of asepsis where indicated. (Responding)	S		NA	S	NA	S	NA	NA	**S**	S	S	S	S				
g. Demonstrate appropriate skill with Foley catheter insertion, maintenance, & removal (Responding)			NA	NA	NA	NA	NA	NA	**NA**	NA	NA	S	NA				
h. Implement DVT prophylaxis (early ambulation, SCDs, ted hose, administer enoxaparin or heparin) based on assessment and physicians' orders (Responding)			NA	S	NA	S	NA	NA	**S**	S	S	S	S				
i. Identify the role of evidence in determining best nursing practice. (Interpreting)	S		~~NA~~ S	S	S	S	NA	NA	**S**	S	S	S	S				
j. Identify recommendations for change through team collaboration. (Reflecting)			~~NA~~ S	S	S	S	NA	NA	**S**	S	S	S	S				
	HS		**HS**	**KA**	**DW**	**MD**	**DW**	**HS**	**HS**	**RH**	**HS**	**NS**					

Comments:

Week 4 – 3b – You did a nice job managing your patient's external female catheter throughout clinical. You also did a nice job monitoring your patient when her pulse ox would drop and ensuring she recovered before completing the next task. Terrific job! KA

*End-of-Program Student Learning Outcomes
Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Rehab Clinical Objective 3 D-You were able to identify the priority assessments with your patient and prioritize interventions that needed to be completed! MD

Week 9: (3 c, d, e) This week you demonstrated good organization and time management when it was time for medication administration. This was difficult due to the varying therapy schedules we had to work around. You did a good job looking up your medications, administering medications, completing your head to toe, and charting your findings while also participating in therapy with your patient throughout both days. You were not afraid to ask for assistance when needed. RH

Week 10 (3 c, d)- Nice job this week as team leader! You were able to prioritize the plan for the day and adjust when necessary based on changes that occurred during the day. You were able to identify when your team members needed assistance and jumped in to help out. HS

*End-of-Program Student Learning Outcomes
Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Objective

3. Execute safety precautions in the implementation of quality, patient-centered care and evidence-based nursing interventions. (2,3,4,5,8)*

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
Competencies: k. Administer PO, SQ, IM, or ID medications observing the rights of medication administration. (Responding)			NA	S	NA	S	NA	NA	**S**	S	S	S	S				
l. Ensure patient safety through proper use of EHR, IV flow sheet, and BMV. (Responding)			NA	S	NA	S	NA	NA	**S**	S	S	S	S				
m. Calculate medication doses accurately. (Responding)			NA	S	NA	S	NA	NA	**S**	S	S	S	S				
n. Administer IV therapy, piggybacks, IV push, and/or adding solution to a continuous infusion line. (Responding)			NA	NA	NA	NA	NA	NA	**NA**	NA	S	S	NA				
o. Regulate IV flow rate. (Responding)	S		NA	NA	NA	NA	NA	NA	**S**	NA	S	S	NA				
p. Flush saline lock. (Responding)			NA	NA	NA	NA	NA	NA	**NA**	NA	NA	S	NA				
q. D/C an IV. (Responding)			NA	NA	NA	NA	NA	NA	**NA**	NA	S	NA	NA				
r. Monitor an IV. (Noticing)	S		NA	S	NA	NA	NA	NA	**S**	NA	S	S	NA				
s. Perform FSBS with appropriate interventions. (Responding)	S		NA	NA	NA	NA	NA	NA	**S**	NA	S	NA	NA				
	HS		**HS**	**KA**	**DW**	**MD**	**DW**	**HS**	**HS**	**RH**	**HS**	**NS**					

Comments:

Week 1 (3o,r)- During the IV pump session, you actively participated in the programming and maintenance of the Alaris IV pump. Additionally, you accurately identified abnormal IV site assessment data with an IV site monitoring activity. HS

(3s)- The student was able to satisfactorily perform a Quality Control check of the glucometer as well as demonstrate skills and knowledge required for proper fingerstick blood glucose measurement with the ACCU-CHEK Inform II glucometer. DW

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 4 – 3k – You did a nice job administering your medications this week. You observed the rights of medication administration and was able to answer all questions about your medications. You had the opportunity to pass PO medications this week. You performed the medication administration process with beginning dexterity. KA
Week 4 – 3r – You did a nice job monitoring your patient's IV site this week and documenting your assessment in the EMR. KA

Rehab Clinical Objective 3 K-M-This week you were able to identify the rights of medication administration and you were able to accurately administer medications to your patient. You identified safe practice and performed really well with administering your patient's medications! MD

Week 9: (3 k, l, m)- You were well prepared for medication administration this week and you performed all checks well! You used the EMAR to look up medications that were due then used skyscape to further investigate each medication. You answered all my questions well and your medication pass went smoothly. RH

Week 10 (3k,l,m)- You did a nice job with your PO, SQ, and IV piggyback medication administration this week! You followed the rights of medication administration and completed all checks prior to administering. HS

*End-of-Program Student Learning Outcomes
Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Objective

4. Use therapeutic communication techniques to establish a baseline for nursing decisions. (1,5,7)*

Weeks of the Course	1	2	3	4	5	6	7	8	**Midterm**	9	10	11	12	13	**Make Up**	**Make Up**	**Final**
Competencies: a. Integrate professionally appropriate and therapeutic communication skills in interactions with patients, families, and significant others. (Responding)			NA	S	NA	S	NA	NA	**S**	S	S	S	S				
b. Communicate professionally and collaboratively with members of the healthcare team using hand-off communication techniques. (SBAR) (Responding)			NA	S	NA	S	NA	NA	**S**	S	S	S	S				
c. Report promptly and accurately any change in the status of the patient. (Responding)			NA	S	NA	S	NA	NA	**S**	S	S	S	S				
d. Maintain confidentiality of patient health and medical information. (Responding)			~~NA~~ S	S	S	S	NA	NA	**S**	S	S	S	S				
e. Consistently and appropriately post comments in clinical discussion groups. (Reflecting)			S	S	S	S	NA	NA	**S**	~~S~~ NI	~~S~~ U	S	S				
f. Obtain report, from previous care giver, at the beginning of the clinical day. (Noticing)			NA	S	NA	S	NA	NA	**S**	S	S	S	S				
g. Provide a clear, organized hand-off report to your patient's next provider of care. (Responding)			NA	S	NA	S	NA	NA	**S**	S	S	S	S				
			HS	**KA**	**DW**	**MD**	**DW**	**HS**	**HS**	**RH**	**HS**	**NS**					

Comments:

Week 3 (4e)- Nice job on your CDG post for this week. I agree with the importance of educating the patient as well as other healthcare providers on the importance of proper hand hygiene in order to prevent the spread. HS

*End-of-Program Student Learning Outcomes
Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 4 – 4b – You completed the SBAR worksheet and provided your RN and Team Leader with handoff communication related to your patient utilizing the SBAR you developed. You made sure all pertinent information and changes in patient status were communicated to your nurse during hand-off report. KA
Week 4 – 4e – Kylee, you did a nice job responding to all the CDG questions this week on your EBP article about a program for patient's with pulmonary fibrosis. You thoroughly explained your article's research study and your responses were well written. You were thoughtful with your response to your peer and added to the discussion on their article. Remember only the first letter of the first word of the article title is capitalized in your reference. Also, include the page number or a paragraph number if there are no page numbers in your in-text citation of a direct quotation. Keep up the nice work! KA

Week 5 (4e)- According to the CDG Grading Rubric, you have earned an S for your participation in the Erie County Senior Center discussion this week. Your discussion was thoughtful and supported by evidence. Additionally, I have a few suggestions for future improvement with APA formatting. When you use a direct quote, the citation should include the author(s) last name, the year of publication and the page or paragraph number. This would be an example of an APA formatted citation- (Auburn Hill, 2024, para 6). I am also curious about the author you used in your reference. Where did the WWCadmin come from? I would have probably used Auburn Hill as the author of the content you cited. Lastly, the title of the publication should be italicized in your reference. Otherwise, keep up the good work! DW

Rehab Clinical Objective 4 E-You had a wonderful CDG this week with response! You were able to turn in your CDG on time, have the adequate word count for both posts, and you were able to provide to the conversation with the information you gave! You provided a reference and in-text citation for both your initial and peer responses. For your reference in your initial post, please remember this source should be within the last 5 years. For the in-text citation in your initial post it should look like this: (Kourkouta & Papathanasiou, 2014). Also, with your peer post, the reference should always be author, year, title, and then website. Let me know if you have any questions. MD

Week 9: (4 b, f, g) you upheld the professionalism standard while on the floor and interacting with staff and patients. You gave a good SBAR report prior to leaving for the day. RH
Week 9 (4e): this was changed to NI due to you not answering the full CDG post. There were 4 questions for this week's CDG and you only answered 3 of them. Please review the CDG for each week prior to clinical so you can be more prepared and able to answer the entire CDG post. RH

Week 10 (4a, b, c, d)- You did a nice job communicating with your patient, team leader and primary nurse when you were caring for your patient. You identified and notified the appropriate individuals when necessary. You also did a nice job with communicating with your team members when you were team leader. HS

Week 10 (4e)-Kylee, while you did a nice job on your post for team leader #2 this week and addressing your bias, however this competency was changed to a U because you did not include a reference or a citation for your CDG this week. Please be sure to always review the rubric prior to submitting your CDG. You will need to address the U with your week 11 clinical tool submission. HS
4e) For the U that I have received I did not realize that I still needed to have a reference for the 2nd team leader discussion. For the future I will make sure to ask questions to resolve any confusion. NS

Week 11 4(e) – Great work with your CDG response this week, making correlations between your patient's disease process and the nursing care provided. I hope this CDG prompt helped to enhance your clinical judgment skills. You provided excellent detail in your response and supported the discussion with the use of a resource using APA formatting. In the future, be sure to identify resources that are more relevant in regards to date of publishing. Article's should be within the last 5 years. A lot has changed in regards to NG tube care since 1970. It is likely that much of this information has been updated or is no longer evidence based. NS

*End-of-Program Student Learning Outcomes
Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Objective

5. Implement patient education based on teaching needs of patients and/or significant others. (1,6)*

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
Competencies: **a. Describe a teaching need of your patient.**** (Reflecting)			NA	S	NA	S	NA	NA	**S**	S	S	S	S				
b. Utilize appropriate termino-logy and resources (Lexicomp, UpToDate, Dynamic Health, Skyscape) when providing patient education. (Responding)			NA	S	NA	S	NA	NA	**S**	S	S	S	S				
			HS	**KA**	**DW**	**MD**	**DW**	**HS**	**HS**	**RH**	**HS**	**NS**					

****5a & b- You must address this competency in the comments below for all clinicals on 3T, 4N, or Rehab- describe the patient education you provided; be specific- include the topic, method of delivery, reason for teaching need, materials to support learning through above resources (if applicable), and method used to validate learning.**
Example: Education related to orthostatic hypotension (changing positions slowly by sitting at the side of the bed or chair for a few minutes before moving to another position, utilizing the walker when ambulating) was provided to my patient through discussion and demonstration. This was necessary to maintain patient safety as he/she was experiencing a drop-in blood pressure and dizziness when getting out of bed. A patient education sheet was printed from Lexicomp and given to the patient. The teach back method was used to validate learning.

Comments:

Week 4:
5a) For my patient this week, she had been admitted for hypoxia and pulmonary fibrosis. Since she was having pulmonary problems I had educated her on the use of deep breathing and coughing to help with clearing the secretions in the lungs.
5b) I had used skyscape to understand more about pulmonary fibrosis, and it had said that teaching patients about deep breathing and coughing is a good implementation for patients with this disease. I had given an explanation to my patient and she had actually demonstrated it to see if she was doing it correctly. Great job! I think you could have also printed a handout on coughing and deep breathing for her off of Lexicomp if you would want to have something to send home with her. Terrific job! KA

Week 6:
5a) For my patient this week, he had been admitted for a stroke like symptoms. He was on fall risk precautions so I had educated him on understanding the reason and the reasoning behind the bed alarm. He was very understanding of the precaution and made sure to follow them properly. Good! MD
5b) For this week I used Skyscape to help me understand some of the medications that my patient was receiving. This included the side effects to be aware of and what to look for before giving the blood pressure medication. Which was making sure the systolic blood pressure was not below 100 and the heart rate was no below 60. Good! MD

Week 9:
5a) For my patient this week, she had gotten a right total knee replacement. I tried to educate her on the use of TED hose and how it will help her with circulation and prevent DVTs. She did not want to listen to my education and decided against the use of the TED hose.
5b) For this week I utilized Skyscape to look up and understand some of my patients past history. There were things on her chart that I had never heard of and I looked them up to understand it more. It is our job as a nurse to educate the patient on best practice, even if they still choose to refuse that intervention. Great educational topic! RH

Week 10:

5a) For my patient this week, a teaching my patient needed was about the use of a hand razor while being on anticoagulants. He really wanted to shave but I had to explain to him that since he was on anticoagulants he was at an increased risk of bleeding. With this I had told him that instead of using a regular razor that an electric razor was a better substitute instead of not being able to shave at all. Yes, since he was on heparin, Plavix and aspirin he could bleed if he cut himself when shaving. HS
5b) This week I utilized Skyscape to understand a little more in depth on why heparin was used for patients with an ischemic stroke. I found that heparin that my patient was receiving was to help ischemic strokes and preventing more strokes that travel up to the brain. This was helpful to know for future patients and I can use this when providing education. HS

Week 11:
5a) This week a teaching that my patient needed was making sure to get up and ambulate. Since my patient was post op from abdominal surgery she had an increased risk for developing a DVT. She did use SCDs but getting up and ambulating a moving would help get more circulation. Very important teaching need, great job prioritizing this education to prevent complications! NS
5b) This week I utilized Skyscape to understand more about some of the medications she was receiving. One of the meds that I looked up gave an explanation that after surgery that MED was used to help with gastric movement. NS

Week 12:
5a) A teaching need for my patient this week was making sure that he doesn't walk too fast and takes small short steps. Since he came in with neuropathy in his feet he was having a hard time walking. When I went with him to physical therapy they told me to make sure that when he walks it isn't rushed. So I made sure to tell him that when he uses his walker to take short small steps.
5b) This week I utilized Skyscape to understand more as to why when my patient wore weights it was easier for him to walk. I found that this was due to the fact that since his feet were numb the weights helped him feel where he was stepping.

Objective

6. Implement patient-centered plans of care utilizing the nursing process, clinical judgment, and consideration for cultural, ethnic, and social diversity. (2,3,4,5)*

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
a. Develop and implement a priority care map utilizing the nursing process and clinical judgment. (Noticing, Interpreting, Responding, Reflecting)			NA	S	NA	NA	NA	NA	S	S	NA	NA	NA				
b. **Identify factors associated with Social Determinants of Health (SDOH) &/or cultural elements that have the potential to influence patient care.**** (Noticing, Interpreting, Responding, Reflecting)			~~NA~~ U	S	S	S	NA	NA	S	S	S	S	S				
			HS	**KA**	**DW**	**MD**	**DW**	**HS**	**HS**	**RH**	**HS**	**NS**					

****6b- You must address this competency in the comments on a weekly basis. For all clinicals - provide an example of SDOH &/or cultural elements that influenced your patient's care; be specific.**
See Care Map Grading Rubrics below.

Comments:
Week 3 (6b)- This objective should be addressed each week that there is a clinical experience. HS
Week 3 U 6B) For the U I had received for week 3 I had misunderstood that I had to make a comment for the infection control clinical. I did not realize that this had also applied with the infection control clinical. After reading the instructions for this box I now understand my mistake and take full responsibility. For the future I will make sure to fill out this box for every clinical that I have! KA

Week 4: 6b) Since my patient has pulmonary fibrosis there are many complications that influence how often she is in the hospital. She is covered by Medicare and is actually able to have her own nasal cannula that she uses at home. Having Medicare, especially with having complications as often as she does, helps with being able to cover some of the hospital costs that could potentially cause a problem in getting the care she needs. Great thoughts. Her chronic illness has a large impact on her ability to manage her overall health. KA

Week 4 – 6a – You satisfactorily completed your care map on your patient this week. Please see comments on the rubric at the end of the tool for details. KA

Week 5: 6b) For this week clinical I did not have a set patient but I was able to see some of the social determinants of health at the Erie County Senior Center. When talking with some of the seniors they had mentioned how they were unable to drive, and that they had a bus that would come pick them up. Not being able to drive themselves could cause potential problems if they ever needed to go to the hospital or doctor visits. Although not being able to drive can cause problems, having a bus that picks them up is a great way to continue their transportation to meet certain needs. Kylee, I love that you incorporated a positive resolution to the SDOH you noticed in the older adult community that you worked with this week. Well done! DW

Week 6: 6b) For this week my patients social determinant of health was insurance. He had the choice to be able to leave earlier but he had explained how he needed to straighten some things out with his insurance which was delaying his discharge by a few days. This is a huge SDOH! What others can you think of for your patient? MD

Week 9 6b) For this week my patients biggest social determinant of health was living situation. She lives alone and was scared of the troubles she would have being able to do her ADLs with her total right knee replacement. With these worries expressed she was able to practice things that she would be doing that she would have struggles with while at OT. There were quite a few SDOH for your patient this week, but this does seem to be their biggest concern. What could we do to help ease this anxiety she is having? RH

Week 10: 6b) For this week my patients biggest social determinant of health was his living situation. He had a stroke which caused him to have neuro and musculoskeletal problems. He also lived alone and none of his children lived near him, so this causes problems with his recovery. He would not be able to do ADLs without some help so this would inquire him have some serious conversations about where he would go after discharge. Yes, he will need a thorough plan upon discharge. HS

Week 11) 6b) For this week my patients social determinant of health was family. My patient had a sister who was a retired nurse. She was visiting with her a lot with her stay at the hospital. Since her sister was a nurse at one point she relied on her sister a lot during my time with her. How will this beneficial social support impact her overall health outcomes? Do you think she would be at higher risk of negative outcomes without having a family member in the health care field? When reflecting in SDOH, consider how this will positively/negatively impact her health outcomes. NS

Week 12: 6b) For this week my patients social determinant of health was his job. He was a teacher and he said that he was on his feet a lot due to his job. This caused a lot of problems with his neuropathy and getting around the classroom. Having this neuropathy causes many problems with his job.

Objective

7. Illustrate professional conduct including self-examination, responsibility for learning, and goal setting. (7)*

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
a. Reflect on an area of strength. ** (Reflecting)	S		S	S	S	S	NA	NA	S	S	S	S	S				
b. Reflect on an area for improvement and set a goal to meet this need.** (Reflecting)	S		S	S	S	~~S~~ NI	NA	NA	S	~~S~~ NI	S	S	S				
c. Demonstrate evidence of growth, initiative, and self-confidence. (Responding)	S		S	S	S	S	NA	NA	S	S	S	S	S				
d. Follow the standards outlined in the FRMCSN Student Code of Conduct Policy. (Responding)	S		S	S	S	S	NA	NA	S	S	S	S	S				
e. Incorporate the core values of caring, diversity, excellence, integrity, and "ACE"- attitude, commitment, and enthusiasm during all clinical interactions. (Responding)	S		S	S	S	S	NA	NA	S	S	S	S	S				
f. Exhibit professional behavior i.e. appearance, responsibility, integrity, and respect. (Responding)	S	U	~~S~~ U	S	S	S	NA	NA	S	S	S	S	S				
g. Demonstrate the ability to give and receive constructive feedback. (Responding)	S		S	S	S	S	NA	NA	S	S	S	S	S				
h. Actively engage in self-reflection. (Reflecting)	S		S	S	S	S	NA	NA	S	S	S	S	S				
	HS		**HS**	**KA**	**DW**	**MD**	**DW**	**HS**	**HS**	**RH**	**HS**	**NS**					

****7a and 7b: You must address these competencies in the comments section on a weekly basis. Please write a different comment each week. Remember that a goal includes what you will do to improve, how often you will do it, and when you will do it by (example- "I had trouble remembering to do the three checks of the six medication rights prior to administering medications. I will review the six rights and medication administration content in the textbook twice before the next clinical. Additionally, I will request to meet with my clinical faculty member to practice preparing and administering at least three medications before the next clinical.")**

Comments:

Week 1 A.) For my strengths, I think I did a good job taking what I learned from the lessons and applying them in the lab. Watching the videos helped me be more prepared and understand more on the topic we were going over. Great job! Yes, reviewing the lessons and videos ahead of time is very helpful. HS
B.) For my weakness, I had forgotten to close the clamp of the IV line when prepping the bag. I was unaware that the clamp came opened after taking it out of the package. For the future I will make sure to check the clamps before prepping the bag so that I do not lose any of the medication, or get air bubbles in the IV line. Yes, always make sure to close the clamp first thing once removing it from the package. HS

Week 2-(7f) you received a U for this competency because your tool was submitted past the deadline of Saturday at 2200. Please be aware of deadlines and when possible, you may consider submitting assignments early. HS

A) For my strengths this week, I did a good job applying everything that was shown on the video for tracheostomy care and applying it in lab. This would include going to the open labs and making sure to practice on my own. HS
B) For my weaknesses this week, I would say my time management was what I struggled with the most.. I was starting to get a little stressed out with being able to stay caught up on studying. For the future I will make sure that I find ways to manage my stress better and be more confident in how I am studying. HS

Week 3 Infection Clinicals:

A) For my strengths at the infection clinical, I did a good job listening and understanding why infection control is super important. I learned from this experience and will apply what I had learned for future clinical days. HS
B) For my weakness this week, I had trouble finding Sydneys office for the infection clinical, which resulted in me becoming flustered. For the future I will learn how to handle my emotions better when things are not going as planned. HS

For the U that I received on 7F, for the future I will make sure that I am more prepared with my homework assignments. This includes doing my homework early and not waiting till the last minute as many things could happen that are not planned. HS
7f-You did not complete the Infection control evaluation survey in Edvance360 by the deadline. HS

- Week 3 Survey: For the U that I had received for not completing the Infection control survey I take full responsibility for not completing it on time. For the future I will make sure to complete all the surveys for the off site clinicals in a timely manner. KA

Week 4: 3 Tower:

A) For my strengths this week I did a good job with meeting all of my patients needs and being there for her to have someone to talk to. She had shared a lot about her life and enjoyed being able to talk to someone especially in a setting like the hospital. You did a wonderful job caring for her and meeting her needs. You did a great job monitoring her O2 status and recognizing when to give her breaks so her pulse ox could recover from the previous activity. KA
B) For my weakness this week, I've been having some trouble with time management and remembering all the assignments that are due. For the future I will make sure to double check the schedule and make sure to have time to complete all my assignments in a timely manner. Staying organized and managing your time is a great area to work on and with time and practice you will easily improve. KA

Week 5 Digestive Health and ECSC:

A) For my strengths this week, I did a good job with communicating with the seniors. They really enjoyed the questions that I had asked, and being able to tell their life stories to someone younger. They also loved giving as much life advice as they could, I even had a senior that told me she would love if I were to come visit her at the senior center whenever I had the chance to. That's wonderful, Kylee! It's important to make a connection with your patients, no matter what their age. I am glad you felt comfortable engaging the older adult. DW
B) For my weakness this week, during my time at the digestive health the doctor and staff that I had watched throughout the day seemed like my presence was bothersome. I was asking questions but was not getting the responses that I had thought I was going to. In return I stopped asking questions about the things I was unfamiliar with. For the future I will make sure that even though the staff my not be cooperating with me super well I will make my time worth while. Which includes asking the questions that I am curious about to help further my education and knowledge. This is great reflection, Kylee. Some healthcare workers, just like regular people, have different personalities that may take a little more work at engaging them. I'm glad that you are going to continue to work on these types of relationships, as it is so important to the collaborative effort that different disciplines must play in healthcare. Though I don't know the specific questions you were asking or wanted to ask, don't forget that you have a wonderful resource at your fingertips…Skyscape! Sometimes, it is prudent to look for the information first before reaching out to other resources. Then if you still have questions or need clarification, you will have a baseline of information to build from. Just a thought! DW

Week 6 Rehab (5T):

A) For my strengths this week, I was able to have some very good conversations with my patient and he was able to talk about his family which seemed to make a positive impact on his attitude. He also liked when we told him how much he was improving with his therapy, this helped boost his mood and attitude towards the treatment he was receiving. Great! MD
B) For my weakness this week, I would say I struggled with my delegation skills. It was a little weird being "in charge" of the other students. Telling them what they needed to fix with documentation and telling them to do their assessments felt like I was being bossy. For the future I will make sure to be more comfortable delegating tasks to the other students and be more confident when I delegate. You are receiving an NI for not describing how you will work on becoming more comfortable with delegation. How will you become more comfortable with this? MD

Midterm- Kylee- You are showing great growth this semester. You are able to communicate well with your patients throughout the clinical day. You are able to identify the area of focus on each individual patient and then use that information to set the plan for the day and the interventions that are to be implemented on each individual patient.
You have not had experience with inserting a Foley catheter or maintaining a Foley this semester. You also have not had a patient with an IV that needed a medicated to be given IV push, piggyback and discontinuing an IV. Please bring this to your clinical instructors' attention in the upcoming weeks so that we are able to assist you in gaining these experiences and increasing your skill set. You should also practice these skills in the upcoming lab day skills review since it has been a while since you have practiced these skills in the lab. HS

Week 9 Rehab)
A) For my strengths this week, I was able to communicate and attend to all of my patient's needs. She was very happy having someone to talk to and we were able to find some common ground in our conversation. She also expressed how she was grateful that I was able to do her laundry and fold them and put it away for her. RH
B) For my weakness this week, my patient was showing a lot of disinterest in wearing TED hose. I tried to educate her about the importance of wearing them but she did not want to listen. For the future I will try and ask more questions as to why the patient may refuse the intervention. This can help me get a better understanding of what I need to focus more on when educating. Sometimes if a patient can explain why they do not want a specific intervention, we are able to find a common ground or a different intervention that would also help, so this is a good idea. Please remember for this competency, you need to create a goal. A goal includes the time in which you will complete the task and how many times you will do it before a certain date. I have highlighted the requirements in green above. RH

Week 10 3T:
A) For my strengths this week, I was able to help my patient feel more comfortable with his stay in the hospital. He said he hadn't been changed and bathed in awhile and was feeling unclean. With these feelings expressed I was able to change his bedsheets, give him a bag bath, change his briefs, along with his gown. This made him very happy and appreciative as he said he felt a lot better and was very thankful. Great job! HS
B) For my weakness this week, when giving my patient his subq shot I had let go of the skin to push the medication in and then re pinched the skin when taking out the needle. For the next clinical setting I will make sure to remember the correct way to administer a subq shot in the abdomen and review videos on the correct administration of this type of shot. HS

Week 11 4N)
A) For my strengths this week, I was able to identify that my patient was not in the most sociable moods the first day. I did not let this affect me and I made sure to give her space while she was recovering for surgery. Very good! You respected her preferences while still ensuring her care needs were met. You will come across this often in health care. People are not feeling well, have increased stress and anxiety, and may be reluctant to care. However, we still have important assessments to perform and interventions to implement. While we want to respect their wishes, we also have to ensure complications don't arise. I thought you handled the situation well, providing her privacy, but not hesitating to implement the nursing care required. A good learning experience! NS
B) For my weakness this week, I feel like I was not doing much. Since my patient wanted her alone time I found myself sitting around for a good majority of the day. For the future I will do a better job at finding ways to keep myself busy and talk with my instructor to see what I can do. What can you do during downtime to enhance your learning? Don't focus on performing just tasks. You can learn a lot by digging through your patient's chart, researching lab values, looking up information from the physician reports to better enhance your clinical judgment. As a student, you may have down time that doesn't require physical tasks to be performed, but there are still excellent learning opportunities. Be a detective with your patient's chart, connect pieces, research information, and consider how you would apply what has been learning to the patient situation. NS

Week 12 Rehab)
A) For this week my strength was tending to my patients need. My patient was pretty independent expect for walking. Since he was unable to walk well I made sure to be there for standby. He also really liked pepsi so I started to bring him two after awhile because he started to feel bad for asking for them so often.

B) My weakness this week, I feel as though I could've communicated more with my patient. He was a little socially awkward and it was hard to keep a conversation. For the next clinical setting I will make sure to try and keep conversation with the patient. I will think of questions to ask so that my patient can become a little more comfortable with the staff and the setting they are in.

Student Name: Kylee Cheek				Course Objective:			
Date or Clinical Week: Week 4							
	Criteria	**3**	**2**	**1**	**0**	**Points Earned**	**Comments**
Noticing	1. Identify all abnormal assessment findings (subjective and objective); include specific patient data.	**(lists at least 7*) *provides explanation if < 7**	**(lists 5-6)**	**(lists 5-7 but no specific patient data included)**	**(lists < 5 or gives no explanation)**	3	You did a nice job completing the assessment findings, lab/diagnostics, and risk factors section. In the assessment section, include the patients SpO2 on the optimizer and with activity. There is only the SpO2 on room air. Did the cest x-ray results showing anything other than "SOB increasing"? I think this is more likely the reason they did it versus the actual results. KA
	2. Identify all abnormal lab findings/diagnostic tests; include specific patient data.	**(lists at least 3*) *provides explanation if < 3**		**(lists 3 but no specific patient data included)**	**(lists < 3 or gives no explanation)**	3	
	3. Identify all risk factors relevant to the patient.	**(lists at least 5*) *provides explanation if < 5**	**(lists 4)**	**(lists 3)**	**(lists < 3 or gives no explanation)**	3	
Interpreting	4. List all nursing priorities and highlight the top priority problem.	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	You did a great job listing all the patient's nursing priorities and highlighting the one with the highest priority. You highlighted all the pertinent information in the noticing section that supports your nursing priority. You did a great job listing 3 potential complications of your chosen priority and S&S to assess for with each. KA
	5. Highlight all of the related/relevant data from the Noticing boxes that support the top priority nursing problem.	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	
	6. Identify all potential complications for the top nursing priority problem.	**(lists at least 3)**	**(lists 2)**		**(lists < 2)**	3	
	7. Identify signs and symptoms to monitor for each complication.	**(lists at least 3)**	**(lists 2)**		**(lists < 2)**	3	
Responding	8. List all nursing interventions relevant to the top nursing priority.	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	Great job listing all the relevant nursing interventions for your nursing priority. All interventions were prioritized, included frequency, were individualized, realistic, and included a rationale. The only intervention I would add was monitor lab and diagnostic results as available. KA
	9. Interventions are prioritized	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	
	10. All interventions include a frequency	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	
	11. All interventions are individualized and realistic	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	
	12. An appropriate rationale is included for each intervention	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	
Re	13. List all of the highlighted reassessment findings for the top nursing priority.	**>75% complete**	**50-75% complete**	**<50% complete**	**0% complete**	3	Great job ensuring all highlighted information from your noticing section was reassessed. As stated above please

fl e c ti n g	14. Evaluation includes one of the following statements: ● Continue plan of care ● Modify plan of care ● Terminate plan of care	**Complete**			**Not complete**	3	list the patient's SpO2 during activity versus just stating it drops. Also list the amount of oxygen the patient was on and not just that the patient is on O2. KA

Total Possible Points= 42 points 42-33 points = Satisfactory 32-21 points = Needs Improvement* < 21 points = Unsatisfactory* ***Total points adding up to less than or equal to 32 points require revision and resubmission until Satisfactory. Refer to the course specific requirements for resubmission deadlines.** **Faculty/Teaching Assistant Comments: Kylee, you satisfactorily completed your care map on your patient this week. Pleas see comments above on areas to focus on to improve your care maps in the future. Terrific job! KA**	**Total Points: 42/42** **Faculty/Teaching Assistant Initials:** KA

Student Name: Kylee Cheek	Course Objective:
Date or Clinical Week: 3/14/24	

	Criteria	3	2	1	0	Points Earned	Comments
Noticing	1.Identify all abnormal assessment findings (subjective and objective); include specific patient data.	**(lists at least 7*) *provides explanation if < 7**	**(lists 5-6)**	**(lists 5-7 but no specific patient data included)**	**(lists < 5 or gives no explanation)**	3	You gathered some very detailed observations in this section, great job!
	2. Identify all abnormal lab findings/diagnostic tests; include specific patient data.	**(lists at least 3*) *provides explanation if < 3**		**(lists 3 but no specific patient data included)**	**(lists < 3 or gives no explanation)**	3	
	3. Identify all risk factors relevant to the patient.	**(lists at least 5*) *provides explanation if < 5**	**(lists 4)**	**(lists 3)**	**(lists < 3 or gives no explanation)**	3	
Interpreting	4. List all nursing priorities and highlight the top priority problem.	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	4. your list of priorities is awesome. Good job thinking through each body system and compiling a full list
	5. Highlight all of the related/relevant data from the Noticing boxes that support the top priority nursing problem.	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	
	6. Identify all potential complications for the top nursing priority problem.	**(lists at least 3)**	**(lists 2)**		**(lists < 2)**	3	
	7. Identify signs and symptoms to monitor for each complication.	**(lists at least 3)**	**(lists 2)**		**(lists < 2)**	3	
Responding	8. List all nursing interventions relevant to the top nursing priority.	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	10. two of your interventions do not have a frequency, however you are still more than 75% complete so no points were deducted here.
	9. Interventions are prioritized	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	
	10. All interventions include a frequency	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	
	11. All interventions are individualized and realistic	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	
	12. An appropriate rationale is included for each intervention	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	
Refl	13. List all of the highlighted reassessment findings for the top nursing priority.	**>75% complete**	**50-75% complete**	**<50% complete**	**0% complete**	2	13. Not every highlighted item was evaluated, so this bumped you down to less than 75% so that is where missed point is from
	14. Evaluation includes one of	**Complete**			**Not complete**	3	

e c ti n g	the following statements: ● Continue plan of care ● Modify plan of care ● Terminate plan of care						

Total Possible Points= 42 points
42-33 points = Satisfactory
32-21 points = Needs Improvement*
< 21 points = Unsatisfactory*
***Total points adding up to less than or equal to 32 points require revision and resubmission until Satisfactory. Refer to the course specific requirements for resubmission deadlines.**

Faculty/Teaching Assistant Comments:

Total Points: 41/42
Satisfactory

Faculty/Teaching Assistant Initials: RH

Firelands Regional Medical Center School of Nursing
Medical Surgical Nursing 2024
Skills Lab Competency Tool

Student name: Kylee Cheek								
Skills Lab Competency Evaluation	**Lab Skills**							
	Week 1	**Week 1**	**Week 1**	**Week 1**	**Week 1**	**Week 2**	**Week 2**	**Week 9**
Performance Codes:	**Insulin** (2,3,5,7)*	**Assessment** (2,3,4,5,7)*	**IV Math Application** (3,7)*	**Lab Day** (1,2,3,4,5,6,7)*	**IV Skills** (2,3,5,7)*	**Trach** (1,2,3,4,5,6,7)*	**EBP** (3,7)*	**Lab Day** (1,2,3,4,5,6,7)*
S: Satisfactory **U**:Unsatisfactory	**Date:** 1/9/24	**Date:** 1/9/24	**Date:** 1/10 or 1/11/24	**Date:** 1/10 or 1/11/24	**Date:** 1/12/24	**Date:** 1/17 or 1/18/24	**Date:** 1/17 or 1/18/24	**Date:** 3/12/24
Evaluation:	S	S	S	S	S	S	S	S
Faculty/ Teaching Assistant Initials	HS	HS	HS	HS	HS	HS	HS	RH
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA	NA	NA	NA	NA

*Course Objectives

Comments:
Week 1-(Insulin)- You were able to correctly prepare an insulin pen and administer subcutaneous insulin. Insulin requirements were accurately identified and calculated through the corrective scale and carbohydrate coverage orders. MD
(Assessment)- You were able to satisfactorily demonstrate the Basic Head to Toe Assessment during lab. KA/RH
(IV Math)-You satisfactorily participated in the IV Math learning session on 1/9/24 as well as the assigned IV Math practice questions and the IV Math Application lab on 1/11/2024. KA/DW
(Lab Day)- You satisfactorily completed the mandatory lab review of nursing foundational skills. This was achieved through simulating care for a patient in a scenario requiring competency in assessment, communication, medication administration (including PO and IM injection), nasogastric tube insertion and maintenance, patient mobility and hygiene, use of PPE for Contact Isolation, wound care, foley insertion, and development of nursing notes. NS/MD
(IV Skills)- You have satisfactorily completed IV lab including a saline flush, IV push medication administration, priming and hanging a primary and secondary IV solution, adjusting a flow rate to run by gravity, discontinuing IV solution, and monitoring the IV site for infiltration, phlebitis, and signs of complication. HS

Week 2
(Trach care and suctioning 1/18/24)- During this lab you satisfactorily demonstrated competence with tracheal airway suctioning and tracheostomy care. You were able to maintain sterile field when necessary. You only needed 1 prompt during the trach suctioning and you recognized it right away. You answered my questions regarding knowledge and competence of both procedures. Great job! RH
(EBP Lab)- You actively participated in the online searching process for evidence-based practice literature, as well as reviewing example articles to determine appropriate selection and information needed when summarizing a research article. KA/LK

Week 9
Lab day: You satisfactorily demonstrated NG tube and IV skills competencies during lab this week. Keep up the good work! RH

Firelands Regional Medical Center School of Nursing
Medical Surgical Nursing 2024
Simulation Evaluations

Simulation Evaluation Performance Codes: **S**: Satisfactory **U**: Unsatisfactory	**Student Name: Kylee Cheek**							
	vSim- Vincent Brody (Medical-Surgical) (*1, 2, 3, 4, 5, 6)	**vSim-** Juan Carlos (Pharmacology) (*1, 2, 3, 4, 5, 6)	**vSim-** Marilyn Hughes (Medical-Surgical) (*1, 2, 3, 4, 5, 6)	Simulation #1 (Musculoskeletal & Resp) (*1, 2, 3, 4, 5, 6, 7)	Simulation #2 (GI & Endocrine) (*1, 2, 3, 4, 5, 6, 7)	**vSim-** Stan Checketts (Medical-Surgical) (*1, 2, 3, 4, 5, 6)	**vSim-** Harry Hadley (Pharmacology) (*1, 2, 3, 4, 5, 6)	**vSim-** Yoa Li (Pharmacology) (*1, 2, 3, 4, 5, 6)
	Date: 1/29/24	**Date: 2/12/24**	**Date: 2/26/24**	**Date: 2/28 or 2/29/24**	**Date: 4/10 or 4/11/24**	**Date: 4/15/24**	**Date: 4/25/24**	**Date: 4/29/24**
Evaluation	S	S	S	S				
Faculty/Teaching Assistant Initials	DW	MD	HS	HS				
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA				

* Course Objectives

Comments:

Simulation #1- Please review the comments placed on the Simulation scoring sheet below. In addition, review the individual faculty feedback placed within the Simulation #1 Prebrief and Reflection Journal dropboxes. HS

Lasater Clinical Judgment Rubric Scoring Sheet

Student Roles: A=Assessment Nurse; M=Medication Nurse

STUDENT NAME(S) AND ROLE(S): Cheek (A) Ward (M)
GROUP #: 2
SCENARIO: MSN Scenario #1 – Musculoskeletal/Respiratory
OBSERVATION DATE/TIME(S): 2/28/24 1000-1200

CLINICAL JUDGMENT COMPONENTS					OBSERVATION NOTES
NOTICING: (2) *					Notice pain in right lower leg is not surgical leg, notices skin color changes and pain
●Focused Observation:	E	A	D	B	Notices elevated heart rate and does manual recheck to verify pulse is accurate.
●Recognizing Deviations from Expected Patterns:	E	A	D	B	Notices low oxygenation and applies nasal cannula
●Information Seeking:	E	A	D	B	
INTERPRETING: (1) *					Prioritize skin assessment on right lower leg then moves to respiratory assessment
●Prioritizing Data:	E	A	D	B	Continues with head to toe assessment without checking vitals
●Making Sense of Data:	E	A	D	B	Prioritize calling healthcare provider after vitals assessed and oxygenation status not changing
					Connects the diagnosis of DVT and PE and explains to patient
RESPONDING: (2,3,4,5,6) *					Apply nasal canula due to low pulse oximetry
●Calm, Confident Manner:	E	A	D	B	Call healthcare provider: SBAR organized
●Clear Communication:	E	A	D	B	Gets orders from provider, writes them all down but does not read back orders for verification
●Well-Planned Intervention/ Flexibility:	E	A	D	B	Educate patient on new plan of care. also begins to educate patient on how DVT formed due to lack of movement and staying in bed.
●Being Skillful:	E	A	D	B	Medication administration: checks allergies, name/DOB, uses BMV, has witness waste of medication prior to administration. Proper IM injection technique, utilized needle safety.
					Assess surgical site and assess pain related to that area
					Call healthcare provider with results and receive new order for enoxaparin. Write down order and verify math with provider while on

	phone. Does not read back orders Call back healthcare provider to verify route for enoxaparin (subcutaneous) Enoxaparin injection: use of proper needle size. Proper technique used for subcutaneous injection. Needle safety engaged correctly. Prompted to educate patient. Educational topics include how being immobile can cause blood clots and how blood clots can move to lungs. Encouraging use of SCDs and to do physical therapy exercises. Encourage patient to get up to use restroom rather than use urinal. Stress importance of ambulation post operatively.
REFLECTING: (7) * ●Evaluation/Self-Analysis: E A D B ●Commitment to Improvement: E A D B	Good group discussion regarding a refresher of all 6 "P"s as well as discussion of proper SBAR. Discussion of how to improve SBAR and how to organize all important data. Brought up importance of reading back orders from healthcare providers when receiving verbal orders. Discussion of importance of focused assessments rather than head to toe. Included reasonings as to why which assessment was chosen vs a different body system. Minimal prompting needed throughout discussion. All members listed a goal/improvement for next simulation.
SUMMARY COMMENTS: * = Course Objectives **Satisfactory completion of the simulation scenario is a score of "Developing" or higher in all areas of the rubric.** **E= Exemplary** **A= Accomplished** **D= Developing** **B= Beginning** **Scenario Objectives:** 1. Select focused physical assessment priorities based on individual patient needs. (2)* 2. Implement appropriate nursing interventions based on patient's assessment. (1,3,6)* 3. Communicate appropriately with the patient, family, team members, and healthcare providers incorporating elements of clinical judgment and conflict resolution. (4,7)* 4. Provide patient-centered care with consideration to cultural, ethnic, and social diversity. (2,3,6)* 5. Provide appropriate patient education based on diagnosis. (5)*	Lasater Clinical Judgement Rubric Comments: Noticing: Attempts to monitor a variety of subjective and objective data but is overwhelmed by the array of data; focuses on the most obvious data, missing some important information. Recognizes most obvious patterns and deviations in data and uses these to continually assess. Actively seeks subjective information about the patient's situation from the patient and family to support planning interventions; occasionally does not pursue important leads. Interpreting: Generally focuses on the most important data and seeks further relevant information but also may try to attend to less pertinent data. In most situations, interprets the patient's data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are rare or in complicated cases where it is appropriate to seek the guidance of a specialist or a more experienced nurse. Responding: Generally displays leadership and confidence and is able to control or calm most situations; may show stress in particularly difficult or complex situations. Generally communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport. Develops interventions on the basis of relevant patient data; monitors progress regularly but does not expect to have to change treatments. Displays proficiency in the use of most nursing skills; could improve speed or accuracy Reflecting: Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered. Demonstrates a desire to improve nursing performance; reflects on and evaluates experiences; identifies strengths and weaknesses; could be more systematic in evaluating weaknesses.

* Course Objectives	

EVALUATION OF CLINICAL PERFORMANCE TOOL
Medical Surgical Nursing – 2024

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

I was given the opportunity to review my final clinical ratings in each course competency. I was given the opportunity to ask questions about my clinical performance. I have the following comments to make about my clinical performance/final clinical evaluation:

Student eSignature and Date

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`12/27/2023